L21000252832

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |

Office Use Only



100430173251

DC /22,124 - 01,194 - 903 - **25.00



COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

| Division of Cor | rporations | | |
|---|--|---|--|
| | GROUP, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | . |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | | | |
| | CARLTON BRANKER | | |
| | | Name of Person | |
| | VAN ESH GROUP, LLC | | |
| | | Firm/Company | · · · · · · · · · · · · · · · · · · · |
| | 2114 N FLAMINGO RD # | [‡] 202 | |
| | | Address | <u> </u> |
| | PEMBROKE PINES FL 3 | 3028 | |
| | | City/State and Zip Code | |
| | CBRANKER@GMAIL.CO | DM | |
| | E-mail address: (| to be used for future annual report no | tification) |
| For further information of | oncerning this matter, please ca | all: | |
| CARLTON BRANKER | | 954 557-4016 | |
| Name o | f Person | at () Area Code Daytir | me Telephone Number |
| | | | |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Maning Addison | | 6 | |
| <u>Mailing Addres</u> Registration S | | <u>Street Address:</u> Registration So | ection |
| Division of C | orporations | Division of Co | |
| P.O. Box 632 | .7 | The Centre of | Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (Name of the Limited Liability Com | pany as it now appears on our records.) d Liability Company) | |
|---|--|--------------------------|
| (A Florida Limited | a Liability Company) | |
| The Articles of Organization for this Limited Liability Compan | ny were filed on JUNE 1, 2021 | and assigned |
| Florida document number L21000252832 | | |
| This amendment is submitted to amend the following: | | |
| and amendment is submitted to amend the following. | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| | | |
| he new name must be distinguishable and contain the words "Limited Liab | bility Company," the designation "LLC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | - | |
| | | |
| | | |
| 3. If amending the registered agent and/or registered office | address on our records, enter the r | name of the new regi |
| gent and/or the new registered office address here: | | |
| | | |
| AT CAT IS 1 1 4 | | , |
| Name of New Registered Agent: | | |
| Name of New Registered Agent: New Registered Office Address: | | |
| | Enter Florida street address | |
| | Enter Florida street address | |
| | Enter Florida street address, Florida City | Zip Code |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|-----------------------|---------------------------------|
| MGR | HILLARIE MARCANO | 12277 SW 55TH ST #908 | |
| | | COOPER CITY FL 33330 | ≣Remove |
| | | | Change |
| | | | □ Add |
| | | | □Remove |
| | | | |
| | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | | | Remove |
| | | | Change |
| | | | DAdd |
| | | | Remove |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |

| _ | |
|---------------|---|
| _ | |
| | |
| _ | |
| | |
| | |
| _ | |
| | |
| | |
| _ | |
| | |
| _ | |
| | |
| | |
| _ | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| _ | |
| | - |
| ffectiv | date, if other than the date of filing: (optional) |
| an effe | e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 |
| <u>ote:</u> I | he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a |
| ocume | s effective date on the Department of State's records. |
| | |
| record | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| l is file | |
| | |
| | 5 16 24 |
| ated _ | |
| ated _ | |
| ated _ | |

Typed or printed name of signee